

Please type a plus sign (+) inside this box

+

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Approved for use through 09/30/2000. OMB 0651-0032

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	PC9808A
	<b>First Named Inventor</b>	KRISTIN M. LUNDY
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	NOT YET ASSIGNED
	<b>Filing Date</b>	HEREWITH
	<b>Group Art Unit</b>	NOT YET ASSIGNED
	<b>Examiner Name</b>	NOT YET ASSIGNED

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COX-2 SELECTIVE CARPROFEN FOR TREATING PAIN AND INFLAMMATION IN DOGS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 05/01/1998 as United States Application Number or PCT International

Application Number PCT/IB98/00662 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/045635	05/05/1997	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto.

Please type a plus sign (+) inside this box

+

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

**DECLARATION ---- Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/IB98/00662	05/01/1998	

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent

and Trademark Office connected therewith:

☐ Customer Number  
or

Place Customer  
Number Bar Code  
Label here

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Peter C. Richardson	<u>27,526</u>	Raymond W. Augustin	<u>28,588</u>
Allen J. Spiegel	<u>25,749</u>	Paul H. Ginsburg	<u>28,748</u>
Aaron Passman	<u>26,783</u>	Mark Dryer	<u>28,775</u>
J. Trevor Lumb	<u>28,567</u>	Elizabeth O. Slade	<u>29,011</u>
James T. Jones	<u>30,561</u>	Lawrence C. Akers	<u>28,587</u>
Gregg C. Benson	<u>30,977</u>	John L. LaPierre	<u>29,185</u>
Robert F. Sheyka	<u>31,304</u>	A. Dean Olson	<u>31,185</u>
Grover F. Fuller Jr.	<u>31,760</u>	Howard R. Jaeger	<u>31,376</u>
Karen DeBenedictis	<u>32,977</u>	Mervin E. Brokke	<u>32,723</u>
Phillip C. Strassburger	<u>34,258</u>	Valerie M. Fedowich	<u>33,688</u>
Lorraine B. Ling	<u>35,251</u>	Bryan C. Zielinski	<u>34,462</u>
Garth Butterfield	<u>36,997</u>	Robert T. Ronau	<u>36,257</u>
Carl J. Goddard	<u>39,203</u>	B. Timothy Creagan	<u>39,156</u>
Raymond M. Speer	<u>26,810</u>	Alan L. Koller	<u>37,371</u>
Jennifer A. Kispert	<u>40,049</u>	Jolene W. Appleman	<u>35,428</u>
Martha A. Gammill	<u>31,820</u>	Kristina L. Konstas	<u>37,864</u>
Gregory P. Raymer	<u>36,647</u>	Kenneth B. Rubin	<u>36,259</u>
Jacob M. Levine	<u>32,509</u>	Seth H. Jacobs	<u>32,140</u>
E. Victor Donahue	<u>35,492</u>		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

☐ Customer Number  
or Bar Code Label

OR ☒ Correspondence address below

Name	PETER C. RICHARDSON				
Address	PFIZER INC				
Address	235 EAST 42ND STREET				
City	NEW YORK	State	NEW YORK	Zip Code	10017-5755
Country	USA	Telephone	(212) 733-4606	Fax	(212) 573-1939

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

KRISTIN M.

LUNDY

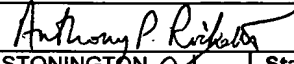
Inventor's Signature	<i>Kristin M. Lundy</i>			Date	<i>April 22, 1999</i>		
Residence: City	GROTON	State	CT	Country	USA	Citizenship	USA
Post Office Address	600 MERIDIAN STREET						
Post Office Address	APT. 631						
City	GROTON	State	CT	Zip	06340	Country	USA

☒ Additional inventors are being named on the \_\_\_\_\_ a supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside  →

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
ANTHONY P.				RICKETTS			
Inventor's Signature						Date	4/27/99
Residence: City	STONINGTON	State	CT	Country	USA	Citizenship	USA
Post Office Address	1306 PEQUOT TRAIL						
Post Office Address							
City	STONINGTON	State	CT	Zip	06378	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	